



# EmployeeUPDATE

*Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.*

A monthly publication for employees of the North Carolina Department of Health and Human Services

## Murdoch Center director is recognized for excellence in providing autism services

Aleck Myers, director of Murdoch Development Center in Butner, received the 2010 Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH) award from the UNC School of Medicine for excellence in providing autism services.

He was honored at a program held May 20 at the Friday Center in Chapel Hill at the TEACCH Center's annual conference.

"I accept this award, not on my behalf, but on behalf of my colleagues and coworkers at Murdoch Developmental Center," Myers said. "This is not the recognition of an individual, but of a dream that all of us at Murdoch have collectively worked toward – developing programs that can and do make a difference in the lives of children and young adults



Aleck Myers

with behavioral challenges. It is to the staff and volunteers and the families that I dedicate and accept this award."

Murdoch Center was recognized for four of its special autism programs developed over the past 15 years in partnership with the Division of Mental Health, Developmental Disabilities and Substance Abuse

Services programs, The Autism Society of North Carolina, and the TEACCH Program within the University of North Carolina at Chapel Hill. The four programs are:

- **PATH** (Partners in Autism Treatment and Habilitation) – a two-year residential program for children with autism ages 6-16 with extreme behavioral challenges.
- **STARS** (Specialized Treatment of Adolescents in a Residential Setting) – a one-year residential program for adolescents age 13-17 with developmental disabilities and mental illness and who also exhibit extreme behavioral challenges.
- **BART** (Behaviorally Advanced Residential Treatment) – an open ended residential program for young adult males who exhibit extreme behavioral challenges.

**cont. on page 2**

## INSIDE TOP FEATURES

**Medicaid anti-fraud software training begins, Page 2**  
**Plan to improve department involves many, requires commitment, Page 3**  
**DHHSeXcels Frequently Asked Questions, Page 5**

**Plan now in place for prevention of violence and injuries**

➡ **Page 6**



**Women's and Children's Health new website is up**

➡ **Page 9**



**Murdoch Center director cont. from page 1**

- TRACK (Therapeutic Respite Addressing Crisis in Kids) – a three- to 45-day respite program for 5-17-year-old children and adolescents that are in a behavioral crisis. The intent is to provide an alternative for families or guardians with children in behavioral crisis and to keep these children from being housed in emergency rooms or psychiatric hospitals.

The award was presented by Mary Van Bourgondien, director of the Raleigh TEACCH Center and a professor at the University of North Carolina, who cited Myers and his staff for serving severely challenged autistic children and adults with individualized behavioral interventions and programs which have both improved the quality of their lives and improved their ability to participate more in their communities.

“At a time when so much of the field is focusing on the most able individuals with autism, we appreciate the respect and compassion exhibited by Dr. Myers and the Murdoch staff members as they work to improve the lives of those children with severe behavioral difficulties and their families,” she said. ■

– Mark VanSciver,  
DHHS Public Affairs

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## **Medicaid anti-fraud software training begins**

Program Integrity staff within the Division of Medical Assistance (DMA) have begun training to use a powerful new high-tech weapon against Medicaid fraud and abuse.

The Fraud and Abuse Management System (FAMS) was developed by IBM, which has partnered with other state Medicaid agencies as well as with private insurers in the use of FAMS. The software combines:

- powerful data-sorting capability, which automatically sifts through millions of Medicaid claims for suspicious activities
- flexibility, which allows the data sifted and the reports generated to be custom-tailored
- a user-friendly desktop interface.

Gov. Bev Perdue, who announced the partnership with IBM in March, has made combating Medicaid waste a centerpiece of her “reforming government” campaign. Amid a slowly recovering economy and tough budget choices, Gov. Perdue has challenged Program Integrity investigators to save taxpayers tens of millions of dollars annually.

Training of the first group of Program Integrity investigators began at the end of May. All investigators and administrators should complete training by the end of June.

The IBM team has been testing FAMS on real North Carolina Medicaid claims data for a few months now, using the results to fine-tune the software for its summer rollout. In the meantime, investigators have already begun digging into the real leads that the test runs have produced. ■

– Brad Deen, DHHS Public Affairs

## **DHHS Excels**

# **Plan to improve department involves many, requires commitment**

To create an initiative as significant as DHHS Excels requires a lot of effort, coordination, committee work, discussions and decisions.

After an initial kick-off meeting last October, several implementing committees were established under the overall purview of Secretary Cansler and his Executive Leadership Team. Reporting to that group is the DHHS Excels Steering Committee which meets regularly to guide next steps and actions necessary to achieve success.

Shortly after its formation, the Steering Committee created:

- A Communications Subcommittee to develop a logo and a long range plan for communications and outreach to all employees.
- A Terminology Subcommittee to define words associated with DHHS Excels such as value, risk, creativity and anticipatory.
- Another planning group developed the mission, vision, values and goals statements.

What started as 'Project Excel' now has its identity – DHHS Excels – and it advances to a new phase. Two additional subcommittees have been formed:

- A Performance Goals Subcommittee convened April 22 to hear an update on DHHS Excels, an overview of how all DHHS services have been aligned under one of the five goals, as well as information on performance measurement. Subsequent to that meeting, the 45 members of that subcommittee from throughout the department, have been meeting in separate groups, one for each performance goal, to develop strategies and measures for the goals.
- A Values Subcommittee met May 27 to discuss how to establish the values in the DHHS work place. A group will meet on each of the five values to determine how each value impacts the work force, what the behaviors are for those values, the relationship between the values and work plans, and a timeline for moving ahead.

In an effort to continue to involve as many employees as possible in the DHHS Excels initiative, the Performance Goals and Values subcommittees are composed of staff from throughout the department:

divisions of Aging and Adult Services, Public Health, Mental Health/Developmental Disabilities and Substance Abuse Services, Health Service Regulation, Information Resource Management, Services for the Deaf and the Hard of Hearing, Child Development, Medical Assistance, Social Services, State Operated Healthcare Facilities, Vocational Rehabilitation Services, and Services for the Blind; also the offices of Education Services, Economic Opportunity, Controller, Purchasing & Contract Services, Citizen Services, Rural Health, and the Murdoch Development Center.

All told, about 175 staff representing nearly every division and office of DHHS, are involved in efforts to ensure DHHS Excels!

If you have any questions about these committees and subcommittees, please send them to the DHHS Excels@dhhs.nc.gov. All comments and questions to this e-mail box are confidential. ■

– Sandra K. Trivett,  
Special Projects Office



### Vision Statement

All North Carolinians will enjoy optimal health and well-being.

### Mission Statement

The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

### Values

When all DHHS employees adhere to the following values, all North Carolinians will view DHHS as the best managed agency in state government:

- **Customer-focused.** North Carolinians are the center of our service design and delivery, and allocation of human and fiscal resources.
- **Anticipatory.** DHHS uses feedback from our customers and partners on all levels - national, state and local - to guide our thinking, planning, policies and practices.
- **Collaborative.** DHHS values internal and external partnerships.
- **Transparent.** DHHS shares information, planning and decision-making processes and communicates openly with its customers and partners.
- **Results-oriented.** DHHS emphasizes accountability and measures its work by the highest standards.

### Goals

- Goal 1:** Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians.
- Goal 2:** Expand understanding and use of information to enhance the health and safety of North Carolinians.
- Goal 3:** Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.
- Goal 4:** Provide services to individuals and families experiencing health and safety needs.
- Goal 5:** Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.



## Frequently Asked Questions

*Some questions about specific programs may require research before they can be answered. But all inquiries and comments are welcome and every attempt will be made to respond to them all.*

*Identities of employees who submit questions are kept confidential. Questions may be e-mailed to: [DHHSExcels@dhhs.nc.gov](mailto:DHHSExcels@dhhs.nc.gov).*

*The following are questions received in the DHHSExcels e-mail box:*

**Q. What is the vision and direction for Mental Health for DHHS?**

**A.** Part of the work that has been going on for the DHHS Excels initiative has been the development of one vision and mission statement for the entire Department of Health and Human Services. There are no longer individual missions and visions for the various agencies of DHHS. Additionally, there is only one set of values, and there are five performance goals. All DHHS employees will support one or more of these goals. All DHHS services have been aligned under these goals so that there is a clearer picture of how every service supports the five goals. Currently subcommittees are meeting to identify the strategies and measures for these goals.

This issue and the May issue of the DHHS Employee UPDATE include a full page stating the new mission, vision, values and goals statements. Continue to watch the newsletter for updates on the DHHS Excels implementation.

**Q. If an individual is brought in at the minimum salary grade for a career banded position, will there be an inline adjustment to be equivalent to others with the same position? For example as a business system analyst, most salaries are at \$60k or above, but your salary is below the amount mentioned.**

**A.** Thank you for your question. There is a state policy in place that allows "inline adjustment" (or career progression adjustment – market); however, SL 2009-451 (Section 261A (a) (4) forbids this type of adjustment at this time. This budget provision is set to expire June 30, 2011 unless the current session of the General Assembly changes it. Although the "inline adjustment" policy cannot be invoked at this time, employees are eligible to receive increased pay by demonstrating higher level competencies or by assuming additional duties that require higher level competencies, subject to manager's approval and availability/approval of funding (via the DHHS salary action unfreeze process). A competency assessment that documents the increased competencies and/or job duties/competencies demonstrated by the employee is required of the manager before HR will consider an increase.



# Plan now in place for prevention of violence and injuries

Did you know that in North Carolina injuries and violence are the leading causes of death for people ages one to 60? Sadly, the statistics show this to be all too true.

On any given day, injuries and violence result in 2,225 visits to the emergency room, more than 400 hospitalizations, and tragically, 17 deaths in North Carolina.

In the course of a year, the latest data shows that more than a million North Carolinians are injured severely enough to have to go to the emergency room or be admitted to the hospital – adding up to more than the combined populations of Charlotte, High Point, and Wilmington.

As former U.S. Surgeon General C. Everett Koop put it: “If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped.”

Fortunately there is now a plan in place to organize partners across the state to address this issue that takes far too many lives in our state. North Carolina’s first ever comprehensive statewide plan for preventing injuries and violence calls for a focus on preventing the three leading causes of unintentional injury deaths:

- motor vehicle crashes,
- poisonings, and
- older adult falls.



Brenda Linton and Jamie Cousins review the new State Plan for Preventing Injuries and Violence

The plan also addresses the two leading causes of intentional, or violent, injury: homicide and suicide.

The plan has led to the formation of the Injury and Violence Prevention State Advisory Council, which is tasked with overseeing the implementation of the plan.

To kick off the formation of the State Advisory Council and mark the release of the plan, on April 28, more than 100 partners and advocates came together at Injury and Violence Prevention Day at the N.C. General Assembly. State Health Director Dr. Jeffrey Engel, State Fire Marshal Wayne Goodwin, state Rep. Jennifer Weiss, and other leaders

in injury and violence prevention from across the state presented at the event.

The Injury and Violence Prevention Branch within the Division of Public Health led the development of this pioneer document and will continue to coordinate the efforts of the State Advisory Council as the plan is implemented. The ongoing efforts of the branch maintain a statewide injury prevention program that includes data collection, surveillance, education and effective prevention strategies.

**cont. on page 7**

**Plan cont. from page 6**

Please visit the branch's website to view and download the new strategic plan:

<http://bit.ly/InjuryPreventionPlan>

— Jennifer Woody,  
Injury and Violence  
Prevention Branch  
Division of Public Health

**JUST THE FACTS**

Visit the Injury and  
Violence Prevention  
Website for  
Data and Statistics About:

**Older Adult Falls**

[www.injuryfreenc.ncdhhs.gov/DataSurveillance/FallsData.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FallsData.htm)

**Motor Vehicle Crashes**

[www.injuryfreenc.ncdhhs.gov/DataSurveillance/MVCDData.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/MVCDData.htm)

**Suicide**

[www.injuryfreenc.ncdhhs.gov/DataSurveillance/SuicideData.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/SuicideData.htm)

**Violent Deaths**

[www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm](http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm)

**Top federal DD  
official visits N.C.**

Riddle, left, and Lewis at event

Leading public figures in the area of disabilities policy and the health and human services spectrum visited North Carolina last month as part of a stakeholder meeting.

The meeting was combined with a listening session on the Community Living Initiative, a major effort of the federal Office on Disability. The initiative reflects the Obama Administration's commitment to assuring the rights of people with disabilities to obtain services in the most integrated setting appropriate to their needs, as affirmed in the Americans with Disabilities Act, which will be 20 years old in July.

On just her second day after assuming the post of commissioner of the Administration on Developmental Disabilities, Sharon Lewis came to North Carolina to interact with state and community leaders.

"Her expertise in such areas as family support, post-secondary education and asset development; her work on Capitol Hill; her hands-on experience with leadership training for families and self-advocates; and, perhaps most importantly, her life experience as the parent of a young person with developmental disabilities, will serve her well in this post," said Holly Riddle, executive director of the North Carolina Council on Developmental Disabilities. "Commissioner Lewis' demonstrated knowledge of contemporary policies, practices and values are representative of the gold standard for leadership at the national level in intellectual and developmental disabilities."

Dennis Streets, director of the N.C. Division of Aging and Adult Services, led the delegation of state officials at the sessions. The event, organized by the Statewide Independent Living Council, also brought in diverse leadership from the disability community. ■

## King recognized by N.C. Dental Society

Rebecca King, DDS, MPH, chief of the Oral Health Section in the Division of Public Health, was honored with the Meritorious Achievement Award for 2010 from the North Carolina Dental Society at its annual meeting in May.

The award is one of the highest given by the Dental Society and recognizes a member who has “demonstrated significant achievement in dentistry” and honors leadership, academics, research, health care delivery or professionalism.

King joined the N.C. Oral Health Section in 1977 as a public health dentist in Chatham, Lee and Harnett counties. She was named deputy director of the section in 1990 and became chief in 2005. She has been instrumental in developing statewide monitoring systems for dental disease and has provided leadership for the Oral Health Section’s nationally recognized preventive dental services programs for children.

The next time you see Dr. King, give her a big healthy smile! ■

– Julie Henry, PIO,  
Division of Public Health

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## LeadershipDHHS application deadline this month

**LeadershipDHHS** is a series of participatory seminars and work sessions designed to introduce potential leaders to the issues and challenges facing DHHS. Deadline for applicants for the next class is June 30.

Current leaders will present a variety of issues/topics – for example: the budget process, legislative relations, current initiatives, setting performance expectations, how one DHHS division or office impacts another, and what’s happening in our state and nation that impacts DHHS. Speakers may come from within DHHS, from outside government or from other agencies.

In addition to seminars and presentations, members of **LeadershipDHHS** will work in small teams to identify an issue for concentrated study, analysis and problem solving.

Candidates should have:

- A demonstrated commitment to DHHS
- A recognized ability to assume greater responsibility
- The willingness to listen, learn and participate
- The full endorsement of their supervisors and directors
- The commitment to attend all sessions
- The capacity to actively participate in team projects outside of regular sessions
- Exuberance and the desire to have fun!

Application information and forms will be distributed through your division/office director. Ask your supervisor for information or e-mail : [Jim.L.Williams@dhhs.nc.gov](mailto:Jim.L.Williams@dhhs.nc.gov). ■



# Women's and Children's Health new website is up

The Women's and Children's Health Section of the Division of Public Health has a new website.

For an overview and progress reports on the website redesign project, go to

[www.ncdhhs.gov/redesignproject](http://www.ncdhhs.gov/redesignproject).

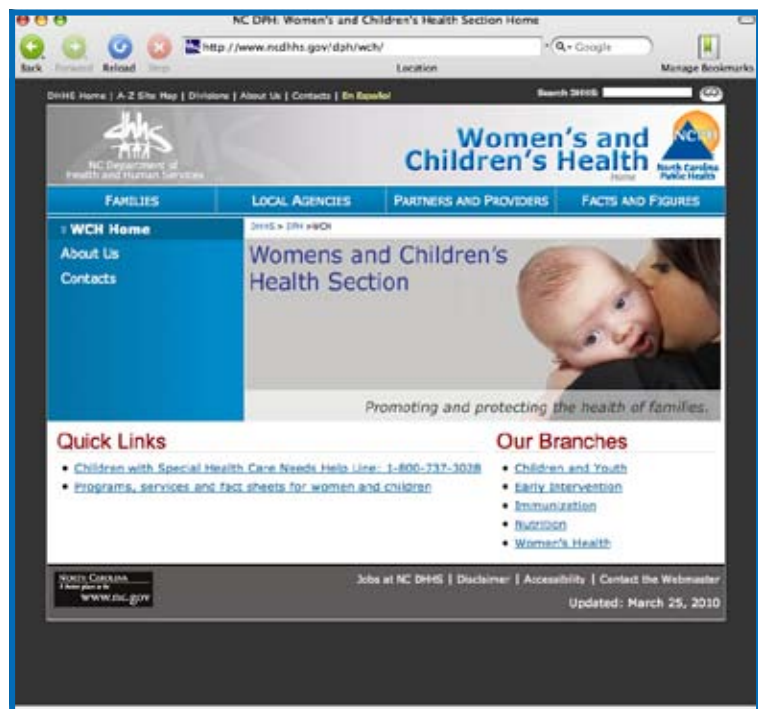
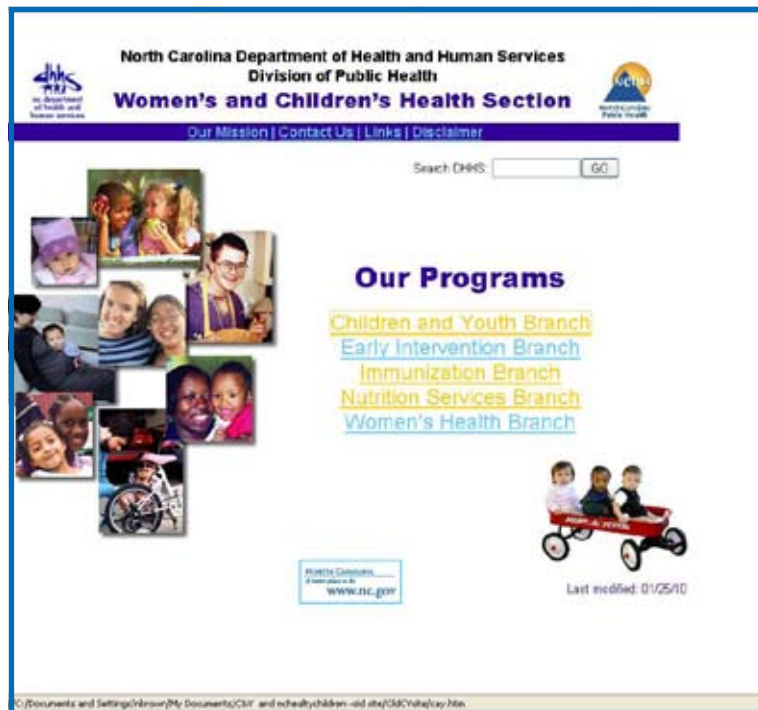
– Lois Nilsen, DHHS Public Affairs

The site at [www.ncdhhs.gov/dph/wch](http://www.ncdhhs.gov/dph/wch) replaces a few Web pages designed in the early 1990s with a full-blown site that uses the DHHS template and provides new information. The site adds content for the Children and Youth Branch, and links to existing sites on immunization, nutrition, early intervention and women's health.

“Visitors to the DHHS website can get information on clinic services for children with special health care needs, genetic counseling services, kindergarten health assessments, newborn home visiting services, pediatric health care, and more,” said Kevin Ryan, section chief. “We have a better vehicle to showcase all of our programs and services, and to communicate with health departments, schools, health care and child care providers.”

These pages are well indexed in the department site and will bring greater awareness to crucial programs that help children be healthy.

Women's and Children's Health is the second Public Health section to have its website redesigned. Vital Records went live with its site in January, and was honored as a Clearmark Award finalist in April. The overall Public Health website is currently being redesigned, and the Oral Health section is well on its way. Both will be unveiled this summer.



# Water Illness Prevention

North Carolina's health officials are reminding swimmers to follow some safety tips to avoid getting sick this summer.

That message arrives as officials with the state divisions of Environmental Health and Public Health recognized national Recreational Water Illness Prevention Week, which concluded May 30.

"Awareness of recreational water illnesses and healthy swimming behaviors play an important role in stopping the transmission of these illnesses," said Terry L. Pierce, director of the N.C. Division of Environmental Health. "People who swim in pools, rivers, lakes, sound waters and ocean waters need to take an active role in preventing illnesses caused by potential infectious agents in these recreational waters. Infectious agents from animals and those on or in swimmers' bodies can end up in the water and make other people sick."

Healthy swimmers can get sick from recreational water illnesses, or RWIs. However, the young, elderly, pregnant women and people with weakened immune systems or diabetes are particularly at risk.

To avoid water-borne illnesses, follow these simple guidelines.

- Do not swim or allow children to swim if you or they have diarrhea.
- Do not swallow pool/river/ocean water or get it in your mouth.
- Everyone should shower before swimming.



- Wash your hands after using the toilet or changing diapers.
- Children should wear tight-fitting swim diapers, and diapers should be checked before entering the water.
- Take children on bathroom breaks.
- Change children's diapers often and in a bathroom, not at poolside.

Following simple health guidelines can help protect swimmers from many infectious illnesses. Swimmers should seek prompt medical attention at the onset of illness.

"Summer and swimming go hand-in-hand in North Carolina," Pierce said. "Healthy swimming behaviors will go a long way in preventing waterborne illnesses. Awareness, action and advocacy are important means to securing a safe swimming environment. Knowing how and taking action to prevent illnesses associated with recreational swimming will help ensure a safe, disease-free summer."

Pierce also said people who visit pools should ask the operators about recent pool cleanings and inspections. This advice stems from recent changes in the state's pool rules. Those rules, which took effect May 1, require new pool drain safety requirements to prevent bather entrapment and injury for all North Carolina public swimming pools.

North Carolina health officials and local health departments have investigated numerous cases of RWI caused by *Cryptosporidium*, a chlorine-

**cont. on page 11**

**Water Illness Prevention cont. from page 10**

resistant parasite primarily associated with treated recreational water venues such as pools and water parks. It can also be found in natural bodies of water, soil, food or on surfaces that have been contaminated with infected human or animal feces.

In North Carolina, 59 cases of cryptosporidiosis were reported in 2009. Although cryptosporidiosis usually causes only mild gastroenteritis in healthy persons, it may cause serious illness in those with compromised immune systems. This parasite is able to survive and remain infectious for a long time, even in chlorinated pools.

People who swim in recreational water can also get sick from marine vibrios, which are naturally occurring bacteria found in warm ocean and coastal waters such as bays, estuaries and rivers near the ocean. Last year, nine cases were reported in North Carolina.

People may become infected by *Vibrio vulnificus* and other marine vibrios through injuries such as a puncture or laceration from finfish or shellfish or exposure of open wounds to coastal waters. Symptoms of infected wounds include pain, swelling and redness that can quickly spread or blister. Although the risk of infection is low, people who develop an infection should consult a doctor without delay for early diagnosis and treatment. People who have liver disease, diabetes or who are immuno-compromised are particularly at risk for infection and death from this disease.

Water contamination by sewage or storm water runoff also can cause problems. People also have an increased risk of becoming sick from swimming in natural waters in coastal and inland areas, especially in areas downstream from sewage treatment facilities and in all areas after storm events. Storm events are associated with increased runoff from cities as well as forests, farms and

pasture lands, which can be sources of *Cryptosporidium*, fecal bacteria and viruses known to cause human illness.

For more information about Recreational Water Illness Prevention Week and healthy swimming, visit the U.S. Centers for Disease Control and Prevention's website at: **[www.cdc.gov/healthyswimming](http://www.cdc.gov/healthyswimming)**. For North Carolina specific information, visit **[www.deh.enr.state.nc.us/ehs/pti\\_healthyswimming.htm](http://www.deh.enr.state.nc.us/ehs/pti_healthyswimming.htm)**, or contact the Division of Environmental Health at (919) 733-2884. ■

*– Laura Leonard, Division of  
Environmental Health, DENR*

## Zachariah Commander heading to Morocco; represents U.S. in Olympics Global Congress

A familiar face will be missing from the North Carolina Special Olympic Games this month.

Zachariah Commander has risen through the ranks of the Special Olympics organization, and has become a fund raiser. He will be leaving his native state on his first trip abroad later this month. Special Olympics is the world's leading organization for people with intellectual disabilities.

Commander is a member of the organization's State Consumer and Family Advisory Committee in North Carolina. He has been chosen to be among 20 United States representatives participating in the Special Olympics Global Congress, held in Marrakesh, Morocco, June 7-10. They are part of a group of about 500 Special Olympian athletes, staff and volunteers from around the world expected to attend the meeting in Morocco.



Zachariah Commander

The Special Olympics International is sponsoring the meeting in order to develop a Global Strategic Plan for 2011-2015. It is being sponsored by hosted by His Majesty Mohammed VI of Morocco and Her Royal Highness Princess Lalla Amina.

“We’ll be talking about different ideas on how to enhance Special Olympics and make it stronger, and ideas to make it grow,” Commander said. “We need to advocate for more volunteers and more athletes.”

Commander’s roots with Special Olympics go way back. “I was the very first athlete to be on the Athlete Congress, which started in 1992. I met Eunice Kennedy Schriver. She was the one that started Special Olympics. We had lunch in Washington, D.C.”

While in Morocco, Commander plans to do some sight seeing, to learn about their culture, and to meet new people. ■

– Jim Jones, DHHS Public Affairs



## Summertime food safety

# Outdoor dining has its drawbacks – be mindful of bacteria

To many, North Carolina summers mean picnicking, camping, barbecuing, and lounging by the pool or on the beach. These warm-weather activities are fun ways to enjoy friends and family. However without following proper food safety measures, they can lead to food-borne illnesses.

“Illness-causing bacteria grow rapidly while being exposed to summer temperatures,” said Larry Michael, head of the Food Protection Branch in the N.C. Division of Environmental Health. “Simple measures such as preparing as much food at home prior to your event and following the cooking dos – clean, separate, cook and chill – will go a long way in protecting you and your family during summer activities.”

Environmental health officials recommend the following safety tips to prevent food-borne illnesses:

- **Clean** — Use soap and water to frequently wash your hands and surfaces such as cutting boards and countertops. If clean water is not available for hand-washing, use clean, wet disposable towelettes. Rinse fresh fruits and vegetables under running tap water, and dry them with a clean cloth or paper towel.
- **Separate** — Avoid cross-contamination. Separate raw and cooked or ready-to-eat foods to prevent contamination during preparation, grilling and serving. Make sure raw meat, seafood

and poultry are wrapped securely to prevent juices from contaminating ready-to-eat food and beverages. Buy only fresh seafood that is refrigerated or properly iced.

- **Cook** — Cooking foods to a high enough temperature for a long enough time will kill harmful bacteria and prevent food-borne illness, especially for raw meats, poultry and shellfish. In general, keep hot foods hot and cold foods cold on the way to and during the meal. Never partially cook food for finishing later because it may increase the risk of bacterial growth. Allowing cold food temperatures to rise above 40 degrees Fahrenheit or hot foods to fall below 135 degrees Fahrenheit can allow bacteria to grow rapidly. All leftovers should be reheated to 165 degrees Fahrenheit due to increased risk for bacterial growth.
- **Chill** — Store food in an insulated cooler with plenty of ice or frozen gel packs, except for brief times when serving. Refrigerate leftovers or store in a freezer or cooler with ice as soon as possible. Food should not sit out for more than one hour in temperatures greater than 90 degrees Fahrenheit, and perishable food should not sit out longer than two hours in temperatures below 90.

Michael also reminds seafood-lovers that you should not eat raw or

undercooked oysters, clams or mussels if you have liver or kidney disorders, diabetes, cancer, HIV or AIDS or if you are receiving chemotherapy or radiation therapy or have a weakened immune system. People with weakened immune systems who consume these foods are at increased risk of developing a serious illness.

“The best rule of thumb when it comes to any type of food item is ‘when in doubt, throw it out’,” said Michael.

If you develop symptoms of food-borne illness, such as nausea, vomiting, diarrhea or fever, contact your health care provider or local health department. Very young children, pregnant women, the elderly and people with compromised immune systems have an increased risk of developing serious illness, and should visit a health care provider immediately if they develop these symptoms. If you suspect you contracted a food-borne illness at a large gathering, restaurant or commercial foodservice facility, contact your local health department immediately so they can investigate.

For more information on preventing food-borne illness (available in English and Spanish), visit the U.S. Department of Agriculture’s Cooking for Groups website at: [www.fsis.usda.gov/Fact\\_Sheets/Cooking\\_for\\_Groups\\_index/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Cooking_for_Groups_index/index.asp). ■

— Laura Leonard, Division of Environmental Health, DENR